

PTSD - Posttraumatic Stress Disorder

PTSD-C COMPLICATIONS

OUTCOME: The patient/ family will understand some of the complications associated with posttraumatic stress disorder.

STANDARDS:

1. Explain that complications of PTSD may include: phobic avoidance of situations, interference with interpersonal relationships, marital/ family conflict, divorce, or loss of job.
2. Explain that individuals diagnosed with PTSD are at an increased risk of other anxiety disorders, major depressive disorder, somatization disorders, and substance-related disorders.
3. Discuss that complications of PTSD may be reduced or avoided by appropriate and timely treatment.

PTSD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are positive or detrimental interactions with prescribed treatment. Explain that the treatment plan must be followed as prescribed to be effective.
3. Explain that Native American sweat lodge ceremonies and talking circles have been effective adjuncts in the treatment of PTSD.

PTSD-CM CASE MANAGEMENT

OUTCOME: The patient/family/caregiver will understand the importance of integrated case management in PTSD.

STANDARDS:

1. Discuss roles and responsibilities of each member of the care team including the patient, family/caregiver, and providers in the case management plan.

2. Explain the coordination and integration of resources and services in developing and implementing the case management plan.
3. Explain the need to obtain the appropriate releases of information necessary to support integrated case management and to maintain patient privacy and confidentiality. **Refer to AF-CON.**

PTSD-DP DISEASE PROCESS

OUTCOME: The patient/ family will understand some of the current information about the cause and expected course of posttraumatic stress disorder.

STANDARDS:

1. Explain that PTSD is a primary disorder that follows the direct personal experience of a trauma (e.g., actual or threatened death or serious injury, other threat to the physical safety of self or others, witnessing an event that involves the death or serious injury of another person), that is associated with intense fear, horror, or helplessness.
2. Discuss that some individuals are more likely to develop PTSD, depending on: social supports, family history, prior experiences, personality variables, and pre-existing mental disorders. Explain that the disorder can develop in individuals without any predisposing conditions, particularly if the stressor is especially extreme.
3. Explain that the severity, duration, and proximity of an individual's exposure to the traumatic event are the most important factors affecting the likelihood of developing the disorder.
4. Discuss that the duration of symptoms may last from three months to many years and the intensity may be variable over the course of the disease. Patients with PTSD persistently experience symptoms of:
 - a. re-experiencing the traumatic event
 - i. nightmares
 - ii. flashbacks or reliving the incident
 - iii. intrusive thoughts
 - iv. intense distress when exposed to reminders of the event
 - b. avoiding stimuli associated with the trauma or detaching from it (emotional numbing)
 - c. having increased arousal, such as:
 - i. sleep disturbance
 - ii. irritability/anger
 - iii. hypervigilance
 - iv. exaggerated startle responses

v. difficulty concentrating

5. Explain that symptoms usually begin within the first three years, although there may be a delay of months, or even years, before symptoms appear. Frequently, the disturbance initially meets the criteria for Acute Stress Disorder.

PTSD-EX EXERCISE

OUTCOME: The patient/family will understand the role of increased physical activity in this patient's disease process and will make a plan to increase regular activity by an agreed-upon amount.

STANDARDS:

1. Discuss medical clearance issues for physical activity.
2. Discuss the role that exercise will have in raising body awareness, and thereby improve one's ability to manage their PTSD symptoms more effectively.
3. Discuss the other benefits of any physical activity, such as improvement in well being, stress reduction, sleep, bowel regulation, and self image.
4. Discuss obstacles to a personal physical activity plan and solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
5. Encourage the patient to increase the intensity and duration of the activity when becoming more fit.
6. Refer to community resources as appropriate.

PTSD-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of PTSD.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments and that follow-up appointments be kept.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PTSD-L LITERATURE

OUTCOME: The patient/family will receive literature about Posttraumatic Stress Disorder.

STANDARDS:

1. Provide patient/family with literature on PTSD
2. Discuss the content of the literature.

PTSD-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of prescribed drug therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

PTSD-P PREVENTION

OUTCOME: The patient/ family will understand some strategies to prevent the development of chronic PTSD.

STANDARDS:

1. Explain that immediate treatment of acute PTSD or acute stress reaction is critical to preventing further symptoms of chronic PTSD; e.g., debriefing about the incident or de-escalating the symptoms.
2. Discuss that not all traumatic events can be prevented, but high-risk behaviors and exposure to potential trauma can be reduced.

PTSD-PSY PSYCHOTHERAPY

OUTCOME: The patient/family will understand the goals and process of psychotherapy in the treatment of PTSD.

STANDARDS:

1. Review the reason for the initial referral for therapy as part of the care plan.

2. Explain that therapy may include individual, group, psycho-educational /therapeutic, talking circles, or other modalities.
3. Emphasize that full participation and follow-up are critical to treatment success.
4. Emphasize the importance of openness and honesty with the therapist.
5. Discuss issues of safety, confidentiality, and responsibility.
6. Explain to the patient that the therapist and the patient will establish goals and duration of therapy together.

PTSD-SM STRESS MANAGEMENT

OUTCOME: The patient will understand the role of stress management in PTSD.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in PTSD.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - d. Becoming aware of your own reactions to stress
 - e. Recognizing and accepting your limits
 - f. Talking with people you trust about your worries or problems
 - g. Setting realistic goals
 - h. Getting enough sleep
 - i. Maintaining a healthy diet
 - j. Exercising regularly
 - k. Taking vacations
 - l. Practicing meditation, self-hypnosis, and positive imagery
 - m. Practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - n. Participating in spiritual or cultural activities
4. Provide referrals as appropriate.

PTSD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for PTSD.

STANDARDS:

1. Explain that a combination of psychotherapy and medication interventions usually has better results than therapy or medication alone.

- a. The patient has a right to choose either option or both, and that the patient's active participation in the treatment decisions is critical to a good outcome.
 - b. If available, Eye Movement Desensitization and Reprocessing (EMDR) is a newer, research-based therapy for the treatment of trauma that has been especially effective in eliminating or reducing symptoms to baseline for many patients
- 2. Explain that therapists have different styles and orientations for treating PTSD, and that no one approach has been shown to be more effective than others, although some styles may suit the patient better.
- 3. Explain that medications may be prescribed intermittently or throughout the treatment process. Explain that decisions about timing and duration of medication will be made jointly by the provider(s) and the patient.
- 4. Explain the importance for patients to learn to talk about the traumas in the safe context of the therapeutic environment. Support groups with patients who have experienced similar traumas may be useful to this end as well.